

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019405

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 117

FILED JUN 11 1962

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Length of stay in 1b 4 days	c. CITY OR TOWN Competition
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Louise G. Wallace		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) —
3. NAME OF DECEASED (Type or print) First Marvin Middle Thomas Last Barnett		4. DATE OF DEATH Month June Day 1 Year 1962	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-22-98
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	9. AGE (last birthday) 63
11a. BIRTHPLACE (City and state or country) Competition, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Walter McMillen Barnett		13b. MOTHER'S MAIDEN NAME Myrtle Shamel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service] no none		16. SOCIAL SECURITY NO. —	
17. INFORMANT Leo Barnett, Competition, Mo.		14. NAME OF HUSBAND OR WIFE Ruth Baker Barnett	

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer Left Lung (Inoperable) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) metastasis pericardium DUE TO (c) and rt lung		INTERVAL BETWEEN ONSET AND DEATH Aug 1961	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour — a.m. — p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Competition, Mo.		COUNTY — STATE —

21. I attended the deceased from 18 Aug 1961 to 1 June 1962 and last saw him alive on 30 May 62 Death occurred at 7:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Paula Jenkins	22b. ADDRESS Knight Bldg Lebanon, Mo
22c. DATE SIGNED 5 June '62	

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6-4-62	23c. NAME OF CEMETERY OR CREMATORY Mt. Rose Memorial Park Lebanon, Laclede Co., Mo.	23d. LOCATION (City, town, or county) (State) Lebanon, Mo.
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24. FUNERAL DIRECTOR J. J. Shadel	ADDRESS Lebanon, Mo.	25. DATE RECD. BY LOCAL REG. 6-5-1962	26. REGISTRAR'S SIGNATURE Helela L. Hays
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed

Gene C. Hunter

Licensed Embalmer No.

4739

P. O. Address

Crane, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.

Permit received 6-4-1962 RLO